



ABOVE • A workstation littered with bits of soggy ceiling testifies to flood damage.

features

1
CC Continues to Recover from Flood

3
Web Site Gets New Look

11
New 'Feedback' Column Addresses NIH's Concerns

12
Magazine Picks NHGRI Intern as Top College Woman

departments

Briefs 2
Digest 10
Volunteers 11
Feedback 11

nih record

Burst Pipe Floods Basement Areas in Bldg. 10

By Jenny Haliski

Late Tuesday evening, June 26, the Clinical Center experienced one of the worst floods in its history when a water booster pump vibration eliminator on a chilled-water pipe burst and ran for 40 minutes before it was detected and stopped. The B1 and B2 levels of Bldg. 10 experienced significant flooding, including Medical Arts, the NIH Library lower level, the CC's materials management department's biomedical engineering and property management section, computer support services and linen service. No one was injured in the incident or in the remediation period in the weeks after the flooding.

A vibration eliminator is a rubber fitting that joins two pipes and keeps water flowing. The broken 8-inch pipe had 140 pounds of pressure on it, pumping 1,000 gallons of water per minute into the CC. Because the water pressure had backed up, it became so intense that the pipe failed. The pipe is fed from a pump sitting on the

SEE FLOOD, PAGE 6



Ceiling tile debris litters the top of a work station in one of several Clinical Center areas damaged June 26 by flooding from a broken water pipe.

The Person and Prison

Mental Illness Discussion Highlights Need For Change

By Sarah Schmelling

"I'm here as a journalist and author, but more importantly, I'm here as a father," said former *Washington Post* reporter Pete Earley at a recent NIMH-sponsored event. "And I'm here to tell my story, to add a human face to mental illness."

This story—of his son's bipolar disorder, his navigation through the health care system and the book it inspired him to write—served as the core of an NIH forum, "Mental Illness: The Person and Prison," aimed at shedding light on the mental health crisis.

"We have turned mental illness into a criminal

SEE PRISON, PAGE 4



Pete Earley speaks on the mental health system.

'Better. Stronger.'

Austin Project Seeks to Refresh Human Resources

By Carla Garnett

"We can rebuild him. We have the technology. We have the capability to make him better than before—better, stronger, faster."

It's only right that human resources' Austin Project takes its name from a TV show about a bionic makeover. That just about sums up the superhuman task NIH HR has set for itself. Remember the premise of the *Six Million Dollar Man*? Main character Steve Austin, an astronaut who suffers a near-fatal crash, hovers between life and death when the show's opening lines above are voiced. Some 30 years later, NIH is voicing similar makeover ideas about its personnel structure. "Austin," the most recent in a series of HR remodeling projects, has been fast-tracked since January.

Out of the Ashes

It's been more than 5 years since NIH—and every other HHS agency—underwent a con-

SEE AUSTIN, PAGE 8



The NIH Record is published biweekly at Bethesda, MD by the Editorial Operations Branch, Office of Communications and Public Liaison, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available upon request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 2007.

NIH Record Office
Bldg. 31, Rm. 5B41
Phone (301) 496-2125
Fax (301) 402-1485

Web address
<http://nihrecord.od.nih.gov>

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

Staff Writers
Jan Ehrman
je48b@nih.gov

Sarah Schmelling
ss1116y@nih.gov

Belle Waring
bw174w@nih.gov

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

briefs

Principles of Clinical Research Class

Registration for the 2007-2008 "Introduction to the Principles and Practice of Clinical Research" class begins on Aug. 1. The course will run from Oct. 15 through Feb. 25, 2008. The deadline for registering is Oct. 5. Classes will be held on campus on Monday and Tuesday evenings from 5 to 6:30. There is no charge for the course but purchase of a textbook is suggested. A certificate will be awarded upon successful completion of the course, including a final exam. For more information or to register, visit www.cc.nih.gov/researchers/training/ippcr.shtml or call (301) 496-9425.

Workshop Emphasizes Speedier Adoption of Interventions

The National Cancer Institute and the National Institute of Mental Health recently co-sponsored a technical assistance meeting titled the Dissemination and Implementation Research Workshop: Harnessing Science to Maximize Health. It came as a result of a need to clarify the mission and goals of dissemination and implementation science. Such research aims to identify, understand and overcome barriers to the adoption of interventions that research has shown to be efficacious or effective, but where adoption has been limited or delayed.

In health, dissemination and implementation research has only recently emerged as a priority. The science community has seen scientific development revolving around basic research, treatment, efficacy, effectiveness and adaptation to the real world, although "the latter," explained Dr. David Chambers, associate director of dissemination and implementation research at NIMH, "too often gets defined as beyond the purview of research."

The workshop provided participants an overview of the current scientific landscape of dissemination and implementation research, strategies to improve the quality and impact of future research endeavors and information about funding opportunities.

Dr. Jon Kerner, deputy director of the Division of Cancer Control and Population Sciences, NCI, said, "There is an urgent need to address the vexing problem of how little of the intervention research NIH funds is applied to real-world settings." Added Chambers, "It is necessary to make sure that the effective practices that have been created and tested through NIH funding get to the people for their benefit."

By getting information and interventions into use, dissemination and implementation research can close the gap between research discovery and program delivery. This is a daunting task considering the time it takes to move science into programs. Chambers cited a paper explaining that, in the context of primary care, "It takes 17 years to turn 14 percent of original research to the benefit of patient care."

The Office of Behavioral and Social Sciences Research will lead a trans-NIH effort on Sept. 10 to advance and support dissemination and implementation science; a follow-up technical assistance workshop will be held Sept. 11. More information may be found at obssr.od.nih.gov/Content/Conferences_And_Workshops.

Tae Kwon Do Beginner's Class

The NIH Tae Kwon Do School is offering a beginner's class for adults and mature teens. New students are invited to begin classes on any Monday. The curriculum combines traditional striking arts, forms, sparring and basic Aikido techniques with emphasis on self-defense. No experience is necessary. Class will meet in the Malone Center (Bldg. 31C, B4 level, next to the NIH Fitness Center) from 6 to 8 p.m. on Mondays and Wednesdays (6-7 p.m. Fridays and 10:30 a.m. to noon Saturdays, optional), and will continue for about 2 months until participants can be integrated into the regular school training. Registration fee is \$50 and includes 10 weeks of beginner's class and a uniform costs \$40. Interested persons are welcome to watch regular training sessions. For information call Pam Dover, (301) 827-0476 or visit www.recgov.org/r&w/nihtaekwondo.html.

NCRR Seeks Input for a New Strategic Plan

The National Center for Research Resources is seeking input from the biomedical and behavioral science research community for a new strategic plan covering 2009-2013. As a \$1 billion-a-year research center, NCRR enables NIH-funded researchers across the country to translate basic discoveries into improved patient care. The new plan will provide an important framework to strengthen and integrate NCRR's matrix of research programs, particularly as the center continues to build the Clinical and Translational Science Awards program.

NCRR encourages NIH staff to invite grantees and research communities to provide input into this process. A user-friendly online form is available at www.ncrr.nih.gov/strategicplan. Responses are due by Friday, Aug. 24. Comments will help guide the discussion at NCRR's Strategic Planning Forum in December.

If you have questions, call the NCRR Office of Science Policy and Public Liaison at (301) 435-0866 or email planeval@mail.nih.gov.

nih record

U.S. Department of Health & Human Services | www.hhs.gov

National Institutes of Health
The Nation's Medical Research Agency

HOME HEALTH GRANTS NEWS RESEARCH INSTITUTES ABOUT NIH

NIH at a Glance
Training at NIH
Jobs at NIH
Visitor Info
Subscriptions

Funding for Research
» Grant Application Basics
» Forms
» Deadlines
» Funding Plans by Institute
» Award Information & Data
Search Funding Opportunities

Celiac Disease Awareness Campaign
Comprehensive and current information about celiac disease.
more information

Health Information
For A-Z in consumer health topics, visit Health.nih.gov

Clinical Trials
For info about clinical research in volunteers, visit clinicaltrials.gov

Research Highlights
Medical discoveries that improve health and save lives

Biotechnology
National Center for Biotechnology Information (NCBI) - national resource for molecular biology information.

In The News
Heart Disease Findings
Calcium plaque build-up in the arteries leads to heart disease in multi-ethnic groups
New Innovator Award
NIH Director launches program for Innovative New Investigators
» For the Press
» eColumn: NIH Research Matters

NIH RADIO | PODCASTS

Medical Research Initiatives
» Public Input
» NIH Roadmap
» Office of Portfolio Analysis and Strategic Initiatives
» Stem Cell Information

HEALTH	GRANTS	NEWS	RESEARCH	INSTITUTES	ABOUT NIH
Clinical Trials MedlinePlus Health Hotlines Health Information Spotlight	Grants & Funding Funding Opportunities (NIH Guide) Forms and Deadlines Electronic Research Admin (eRA) Grants Policy News & Events About OER Research Contracts Loan Repayment	News Releases Calendar Media Contacts For the Press News In Health newsletter Research Matters eColumn RSS Video Radio Podcast	Training Intramural Research Human Embryonic Stem Cell Registry Scientific Interests Groups Labs Library Catalog Journals Scientific Computing	Office of the Director 27 Institutes and Centers that make up the NIH	Mission Visitor's Info Organizational Structure Budget History Science Education Public Involvement From Our Director

NIH will soon launch a revamped web site that incorporates the latest thinking about effective web design. The new homepage emphasizes visual elements and dynamic links and is more sparing with text.

NIH Web Site Gets New Look

By Vicki Contie

Good communicators know that, to get a message across quickly and effectively, say it with pictures. Web studies show that people's eyes gravitate to images and movement, and readers tend to skip over blocks of text when searching for information. Instead, their eyes scan for links that might have information they seek.

NIH will soon launch a revamped web site that represents the latest thinking about effective web design. The new homepage emphasizes visual elements and dynamic links and is more sparing with text. "We kept much of what worked from the previous version, which has served us well since 2000, but our research showed where improvements could be made," said Dennis Rodrigues, chief of the Online Information Branch in the Office of Communications and Public Liaison, which develops and manages the main NIH web site.

Before making revisions, Rodrigues and his web team conducted extensive research, including an online survey of visitors to the NIH web site and a usability study, which observed health

care providers, scientists and patients as they navigated the site and tried to answer specific questions. "When we asked people to find information that was clearly described in the center of our old homepage, they couldn't find it. They weren't reading the text," Rodrigues said.

To make it easier to locate new and important information, the redesigned site replaces the text-heavy center of the old page with a dynamic visual area—a five-panel slideshow—that will be regularly updated to feature the latest activities of NIH's 27 institutes and centers. Navigation tabs across the top of the page will open drop-down menus, which link to key content. The NIH employee information link, a popular feature of the old design, remains on the new homepage, now in the upper right corner.

Additional revisions are described in an online guide to the redesign at www.nih.gov/news/redesign/overview.htm. For more information about the new NIH web site, contact the Online Information Branch at olib@od.nih.gov.

Redesign Adds Resources

Other features of the new NIH homepage include:

- Quick links to information on research funding. The user survey showed that many visitors wanted to quickly learn how to apply for grants. "The new page has one-click solutions to their most frequent requests," said Dennis Rodrigues, chief of the Online Information Branch, OD.
- Improved access to research training opportunities.
- A subscription link, where visitors can select from more than 40 NIH e-newsletters, RSS feeds and podcast subscriptions.

The redo also contains a link to the newly redesigned Office of Extramural Research homepage that features:

- A user-friendly layout, new search tools, updated links and resources.
- New content areas including an overview of the NIH grants process.
- New electronic research administration (eRA) web site that highlights system features and prominently displays resources.

For more information, visit the *NIH Extramural Nexus* at grants1.nih.gov/grants/partners/0507Nexus.htm.

PRISON

CONTINUED FROM PAGE 1

justice problem instead of a health problem,” Earley said. “Getting arrested should not be the first step in getting mental health care, but that’s what’s happening across this country.”

Dr. David Sommers, an NIMH scientific review administrator, said the idea for the discussion started when he read Earley’s 2006 book, *Crazy: A Father’s Search Through America’s Mental Health Madness*. After talking with colleagues whose visits to prisons confirmed the extent of the problem, and in the wake of the Virginia Tech tragedy, Sommers decided that such a forum could help make the crisis clearer for NIH staff, as well as for the public. “At the end, I hope you’ll have an increased appreciation of the problem, its magnitude and severity,” he said.

In introductory remarks, NIMH director Dr. Thomas Insel, who toured several states with HHS Secretary Michael Leavitt in the days following the shootings at Virginia Tech, stressed that what he heard in “state after state” was a perception that an epidemic existed of “serious mental illness among children, adolescents and college students,” and that both families and providers feel there is “no capacity, no network of mental health services that is

really geared up to meet this rising need.” He said it is time to take a step back to ask, “What’s happened here?” And that maybe by discussing personal experiences and making the public more aware of the problem, we can decide what steps to take “to figure out what we can do as a community to have a greater impact.”

Perhaps no personal experience could outline the problem more clearly than that of Earley, who spoke quickly and pointedly. His story began when, on a drive from New York City to Virginia, his college-age son, Mike, turned to him and asked, “Dad, how would you feel if someone you loved killed himself?”

Mike had been diagnosed with bipolar disorder the previous year, but had recently stopped taking the anti-psychotic medication prescribed to him. His behavior—and that question—led Earley to take his son directly to a hospital near their home where a doctor came into the

waiting room with his hands up, “as if he was surrendering,” and said he couldn’t help Mike because he refused medication. “And the doctor turned to me and said, ‘Bring him back when he tries to kill himself, or he tries to kill you,’” Earley said.

In the days that followed, Mike sunk into a “mental abyss.” When he broke into a stranger’s house to take a bath, Mike couldn’t be sent to a hospital unless he’d threatened to kill his father,

“Getting arrested should not be the first step in getting mental health care, but that’s what’s happening across this country.”

a police officer told Earley. Earley lied so his son could receive treatment. Once Mike was placed in a community treatment center, his insurance company said he’d have to leave, until Earley mentioned that he was a former *Post* reporter. Then the police charged Mike with two felonies from the break-in incident. “I felt so frustrated,” Earley said. When he told his wife how helpless he felt, she suggested he use his journalistic skills to investigate the issue.

After getting his son’s permission to share his story, Earley started the work that would lead to his book, *Crazy*. In preliminary research, he learned that more than 300,000 people with mental illness are in America’s jails and prisons. He went to the Miami-Dade County jail, to the floor where most psychotic prisoners are housed, and saw “terrified, angry, deranged men,” whose guards had no training to work with them. He then shadowed several inmates back into the community, including Alice, who had schizophrenia and had been shuttled between a hospital and jail for 3 years without being brought to trial, and April, whose parents had her arrested so she could receive treatment.

People like this, Earley said, “are stuck in a revolving door.” He provided some historical perspective of the problem, how well-intentioned state hospitals became “giant, abusive warehouses,” and how deinstitutionalization—the closing of these hospitals—sent people with mental illness back to the streets with no community services to help them, prompting the number of prisoners with mental illness to skyrocket.



Former Washington Post reporter Earley discusses his personal experience with the nation’s mental health crisis.

Now, he said, “our jails are becoming our new asylums.” This is exacerbated by the criteria of “imminent danger”—that people can only be sent to hospitals if they threaten to harm themselves or others. “I feel ‘imminent danger’ has created an excuse to not help people who are in need,” Earley said.

He does, however, see reasons for optimism. Many cities have set up mental health courts, “and I applaud these programs,” he said. But we also need to remember the lessons of deinstitutionalization and target our tax dollars at improving and broadening community-based services, he explained, adding that we should have crisis-intervention trained police and correctional officers and decent housing within communities for people with mental illness. “To be blunt, we need to turn mental illness back into a health issue,” he said.

The forum also included remarks from Denise Juliano-Bult of NIMH’s Division of Services and Interventions, who detailed what the institute is doing to find places where people with mental illness can be diverted from the criminal justice system. Dr. Arlene Rogan, acting director of the Montgomery County Mental Health Core Services Agency, explained community initiatives.

But it was the speaker who followed Earley, Clare Dickens, who brought his message home. Her son, Titus, took his own life last year after struggling with bipolar disorder. Her description of what he and his family went through—jail time, being refused treatment until he threatened someone, the system failing him—all too clearly echoed everything Earley discussed.

As for Mike Earley, his father said he’s doing better, but that it’s still a struggle. “My son has a mental illness,” the writer concluded. “This cruel disease wears his face. And I will be forever grateful to people who can look beyond the madness in his eyes, and see a son, a human being, a brother who needs help and who has relatives that love him and are appreciative of anyone who gives him a hand when he needs it.” 12



Bucher Chosen to Head NTP

Toxicologist Dr. John Bucher has been named associate director of the National Toxicology Program. He has been a part of the NTP for 24 years, most recently as deputy director of the Environmental Toxicology Program and chief of its Toxicology Operations Branch. He succeeds Dr. Allen Dearry, who served as acting associate director from January 2006 to June 2007.

NIEHS/NTP director Dr. David Schwartz praised Bucher as a scientist with “outstanding scientific credentials, an insightful vision for toxicological research and an in-depth knowledge of the NTP” Schwartz

expressed his confidence in Bucher’s ability to realize the goals of the NTP Vision and Roadmap for the 21st century, which the new associate director was instrumental in developing.

Bucher joined the NTP in September 1983 after completing his Ph.D. in pharmacology at the University of Iowa and a postdoctoral fellowship at Michigan State University. He has served as chief of the Toxicology Operations Branch for the past 11 years and deputy director of the Environmental Toxicology Program since 1995. He received his certification by the American Board of Toxicology in 1984.

During his tenure at NIEHS, Bucher has published more than 100 studies in peer-reviewed journals and played a key role in shaping the program’s research and policies, including comprehensive studies of dioxin and dioxin-like chemicals, chemicals that mimic estrogens. More recently he has pioneered the field of manufactured nanomaterials. His leadership was important in the development of the NTP Center for the Evaluation of Risks to Human Reproduction.

“I look forward to working with our exceptionally talented staff and NTP partners to produce the quality data and scientific understanding necessary for the protection of public health and critical to the further evolution of the science of toxicology,” said Bucher.—Eddy Ball

Top:

The department of clinical research information on the B2 level of the Clinical Center is one of several areas severely damaged by the flood.

Below:

Ceiling tile debris lies atop a work station.

Bottom:

A recycling box marks the level flood water reached.

PHOTOS: BILL BRANSON



FLOOD

CONTINUED FROM PAGE 1



floor on a concrete slab; it transfers water to coils in the air-handling unit in the South entrance lobby.

NIH Library

The broken pipe was located in a utility room directly adjacent to the lower level of the NIH Library. Fortunately, recently installed compact shelves raised the level of the lowest tier of books and journals to 6 inches more than standard shelving. As a result, none of the 4 inches of standing water reached those items. Because of quick action to remove the soggy carpet and bring in dehumidifiers and fans, mold and mildew did not have time to develop. Staff from NLM's preservation section came to the library shortly after the flood to salvage some expensive foreign language dictionaries and scientific treatises used by the library's translations unit that were literally dripping wet.

The library reading room on the first floor remained open throughout. Aside from restricted access to the lower level and the print collections during the recovery process, the only major library service affected was document delivery, which fills about 500-600 requests each day for articles, primarily from print journals on the B1 level. Because of damage and safety concerns during the first 2 days after the flood, no document requests could be downloaded, let alone filled. However, after the elevator resumed operation, the document delivery team regrouped and was able to obtain articles from other sources until scanners were back in operation and it was safe to again work in the area affected by the flood.

Medical Arts

Water did not accumulate as much in the library because it seeped through the floor of B1 into the ceiling of B2 through the holes and cracks where utilities connect between floors, severely affecting NIH's Division of Medical Arts and Printing Services. About 50 percent of the division's equipment, including cameras, lenses, photography equipment, computers and graphic design supplies was destroyed and must be replaced. About 35 percent of medical arts staff worked from home in the days following the flood, while others temporarily relocated to offices within Bldg. 10 and 31.

The TV operations center, which provides cable programming throughout the building, including to patient rooms, was turned off for about 5 hours on June 27 for water clean up, but sent its first transmission following the flood by 1 p.m. on June 28. The Center for Information Technology on July 2 rewired medical arts' staff phones to the temporary support area on the 14th floor. The date for medical arts' return to its B2 area is unknown at this time.

BEIP

Biomedical Engineering Instrumentation and Personal Property Management (BEIP) experienced a substantial loss of patient care-related equipment and supplies. A remediation crew and BEIP staff cleaned water from Rm. B2S245, removed damaged boxes and supplies, discarded soaked carpeting, installed dehumidifiers and fans and opened up the walls to allow water to drain. The housekeeping and fabric care department (HFCD) sanitized the floors before

the walls were repaired and painted and the carpeting in the reception area replaced. Although the flood disrupted BEIP operations, all services critical to the CC were maintained by activation of the materials management department's emergency management plan and the partnership of all MMD sections.

CC Linen Services

All linens stored in affected areas were sent out to be cleaned. Water was also removed from the scrubs storage area; scrubs contained there were replaced. HFCD estimates that it sustained \$5,000 in losses, including sheets, towels, slippers, two computers with printers and clean-up time.

DCRI Computer Support; CC's OFM

The CC department of clinical research informatics' B2L104 location housing several user support staff was practically destroyed. DCRI estimates it has lost more than 50 computers; the B2 office was a staging area for CC computer deployment, as well as storage for equipment provided to the nursing units. After about 4 days, all equipment from the area was removed and some salvaged. All furniture, carpeting and ceiling will be replaced and the walls will be surveyed for water damage—a process that will take at least 6 weeks. The CC's Office of Facility Management and the Duke University conference room were also flooded on the B1 level, but staff were able to work in place once the water was cleaned up and dehumidifiers dried out the area.



Left: Flood water penetrated ceiling tiles on the B2 level of the Clinical Center.

Below: As a result, some workstations were practically destroyed.



Timeline of Events

On Tuesday, June 26 at 9 p.m., Christian Ellenes, Facilities Operations Branch shift leader from 4 p.m. to midnight, received a call from the NIH power plant reporting a major drop in chilled water pressure throughout campus. His staff checked every chilled water system on campus and determined that a water booster pump vibration eliminator in Bldg. 10 had blown out, causing major water damage to the carpet, ceiling tiles, computers and other items on the B1 and B2 levels of Bldg. 10. Access through the NIH Library was locked, so the NIH Police Department came to unlock the door.

ORF emergency coordinator John Walker and CC HFCD were notified. Elevators 1 through 4, 13 and 14 were shut down until the water was contained. Staff secured the chilled water system at 9:45 p.m.

The building automated system panel controlling heating and cooling equipment near the South entrance went down from the flood and required immediate repair. Additional personnel worked throughout the night and throughout June 27 to remove water from all affected areas.

Meanwhile, an electrician shut off power in the flooded areas for safety reasons. All electrical devices were unplugged and ground fault interrupters installed at each outlet to protect against electrocution.

After the water was removed from all areas, a sanitizing solution was applied to the floors and any wet drywall, rubber baseboard and plywood were removed and replaced so that mold will not develop.

NIH Police implemented a security system from June 27 through July 9 to check badges of affected staff and clean-up crews moving in and out of the area.

On June 29, NIH staff received computer carts, plastic moving crates, face masks and moving staff assistance to remove their equipment and supplies to their relocated office staging areas.

Status, Contact Info for Affected Departments:

DCRI: Displaced DCRI staff may be contacted by their pagers and via email until the telephones are reconnected.

Biomedical engineering and property management section; housekeeping and linen services: Contact information for staff has not changed.

Medical Arts: Is up and running from the 14th floor solarium, accessible through the main elevators. To check on projects you have with Medical Arts, call (301) 496-4700.

NIH Library: The first floor reading room is open; access to the collections is limited to library staff until the area is re-carpeted. Requests for journal articles and books can be made from the library's web site at nihlibrary.nih.gov.

The whole of Austin boils down to “mutual accountability.” Rebuilt HR combines the best aspects of past human resources models with lessons learned during consolidation.

solidation mandated by the department. The goal was to make personnel processes more consistent across agencies. Orders were to shrink the number of HR offices department-wide from 40 to 4. The reduction concept alone would prove Herculean. By itself, NIH had 25 HR offices—nearly one for each institute and center. About 450 FTEs (full-time equivalencies, in HR-speak) worked in the 25 offices before consolidation. By late 2002, NIH was down to 350 HR professionals. Some workers had retired earlier than planned. Some had taken new jobs outside the HR field. Others had been

reassigned to departmental HR roles. By fall 2003, HHS had set a maximum 256 FTEs for NIH.

In addition to trying to manage the same workload with fewer workers, HR was also changing its basic

structure. NIH felt the impact of this foundation shift almost immediately. No longer were HR employees reporting to individual ICs; now everyone belonged to a central NIH Office of Human Resources. Many had been moved from their traditional seats among other IC administrative staff to HR hubs—some off campus. Not only had quantity dropped, but also quality had slipped noticeably—particularly in customer service areas. Veteran HR workers, whose institutional knowledge and experience were invaluable, were quickly disappearing due to attrition. Complaints were high. Morale was low.

“ICs were definitely hurt by the loss of people who were seasoned, people who knew their staff,” explained Phil Lenowitz, OHR deputy director.

NIH had contracted with the National Academy of Public Administration (NAPA) to help with consolidation. By 2004, NAPA had studied the situation. As a result, NIH added 40 to 60 FTEs back to human resources. It wasn’t enough. In 2005, between August and November, 75 people were hired, according to OHR Director Christine Major. Later, HHS relaxed the ratios it had placed on agency human resources. NIH immediately orchestrated a corporate recruitment effort that was part of the “Phoenix Project” (named for the mythological bird that resurrects itself from ashes).

“Fall in Love with NIH,” a campaign not only to attract new workers, but also to keep current employees from leaving, began. A 2-day orientation with tours of the Clinical Research Center and visits to the Children’s Inn sought to infuse new HR staffers with the NIH mission.

“Since the consolidation, we’ve been concentrating on rebuilding,” acknowledged Major, who explained that though workers were rapidly joining NIH, the problems weren’t being resolved quickly. “These were new people, people who needed to be trained.”

Lenowitz said improving HR involves more than filling holes in staff. “One big factor was that the folks who came in didn’t have the NIH culture,” he said. “They had never sat with the IC people they were trying to help. You need to understand our science and what we do.”

Austin Is Born

In fall 2006, when Major was officially named to head OHR, efforts to re-staff were well under way. Phoenix II shortly followed its namesake. OHR’s new administration decided on an outreach plan to find out exactly where problems still existed. The Austin Project was born, garnering experience and expertise from nearly every NIH sector—administrative, scientific and managerial. Through a survey to executive officers, in discussions held with focus groups and in meetings with top NIH staff—including the director, principal deputy, deputy director for management and the steering committee—Austin revealed one specific HR area where IC complaints continued to collect: the Client Services Division.

According to findings by Austin work groups, CSD is the area “most identifiable with pre-consolidation” and “most relied upon for day-to-day HR.” The division is seen as the “face” of human resources by most respondents. At survey time, two-thirds of HR’s 360 or so FTEs worked for CSD; the majority had been moved off campus. Used to be a manager could just drop in next door to see what the status was on a new job posting, or a recent promotion. You could chat up your HR specialist in the hallways practically every day, if needed. But HR “face time” had disappeared during consolidation.

“Managers have felt very removed from the human resources folks,” said Bill Fitzsimmons, former NIMH executive officer and Austin team member. “There is a lot of work that gets done

in informal settings—waiting for the elevator, for example. When [CSD] moved, they weren't even in the same buildings with us anymore. The human resources people used to be part of the team. That's hard to do when the HR staff is not in on the decision making. We're trying to rebuild that team relationship."

"I have seen HR go through the reorgs and things seem to be going back to the way it was," agreed Debbie Martin, an HR team leader for the past 2 years who has worked in NIH human resources for 17 years. "When I first started, we were sitting with our ICs. When the consolidation happened, they pulled us from the ICs and put most of us off site. Now after a few years we are beginning the Austin project and we are having HR teams sitting on site with the ICs again. My group was one of the first to go back to sitting with the ICs full time. We have noticed a better communication with managers and it has been nice to have the face-to-face contact again."

Putting all of HR in one place did offer some benefits, Lenowitz said. "Co-location led to HR staff being able to learn from each other. They are able to work together on projects and coverage of areas. It's also easier to shift resources when we're all together."

"You gain efficiency," Major explained, "but you lose the connection."

A Happy Medium

Austin's challenge now is to find a middle ground between total consolidation and complete IC independence. A bionic task, certainly. However, planners already have developed a strategy with new policies and objectives:

- Increased IC involvement—Institutes and centers will participate in selecting client services staff, for example. Also, IC clients will have a role in rating the performance of CSD staff on issues such as responsiveness and accessibility. OHR will rate CSD staff on such concepts as technical proficiency and use of automated systems.
- Improved IC access to HR services—Some CSD staff will move back into offices closer to IC administrative staff. Others might increase onsite visits to ICs.

The whole of Austin boils down to "mutual accountability," Major said. Rebuilt HR combines the best aspects of past human resources models with lessons learned during consolidation. There's not much time to roadtest the new Austin model, though. The next wave of uncertainty is slated for fall 2007: NIH human

A Client-Side View

Human Resources 'Improving, but Not There Yet'

Rebecca Kelley, director of administration for the NIH Office of Extramural Research, was one of the first to admit that centrally locating the HR staff was not working well for her organization.

"The physical location of our HR support team so far away from OER staff posed enormous communication and logistical challenges," she said. "Regular meetings were helpful, but not an optimal venue for explaining daily programmatic issues that have HR considerations. Classification, for example, has been one of the biggest challenges and concerns. For OER, the process has improved and we are hopeful that with recent changes in our HR support team structure, it will continue to do so."

As senior manager for the largest MEO, or most efficient organization, at NIH, Kelley knows a thing or two about rebuilding. After all, the Division of Extramural Activities Support is one of three under her purview, so she's already been through the results of an A-76 process and one of the most extensive re-engineering activities in NIH's recent history. Her first tip to others in a similar situation? Strategic thinking is key.

"In many cases, it's all about culture," she advised. "You've got to step back and take a good look at yourselves. Put yourself in the customer's position—in their culture. You've got to partner with those you support to improve the service you provide, and educate one another on needs and limitations."

Kelley said for her organization, HR's proximity to the rest of the staff was paramount. In fact, she set aside furnished office space for their entire HR team to come back and work alongside OER employees again.

"We now engage them in our staff meetings and office activities," Kelley said. "We want them to become a greater part of the fabric of OER."

resources will undergo an A-76 review. OHR will have to reinvent itself again, this time to compete with human resource contractors for the Most Effective Organization title. A successful Austin, Major said, will lay the groundwork for NIH employees to win.

"Our mission—the whole reason we're here—has always been to recruit and retain the best employees for NIH," Lenowitz stressed. "Everything we do is related to that."

"We really want to do the best we can to help the NIH mission," Major concluded, "We want to be partners and Austin is just one step." 🗨️

Blocking SARS in Animals—and Humans

A team of international investigators led by scientists from NCI and NIAID has identified the first human antibodies that can neutralize different strains of the virus responsible for outbreaks of severe acute respiratory syndrome, or SARS. The study, appearing online in the *Proceedings of the National Academy of Sciences*, used a mouse model and *in vitro* assays to test the neutralizing activity of the antibodies. Researchers said it's important that the antibodies they identified block both human and animal SARS, because when SARS outbreaks occurred in humans in 2002-2003 and again in 2003-2004, it was thought that the virus had jumped to people from an animal host.

Similar Stem Cells

More findings with mice: Scientists have discovered a new type of mouse embryonic stem cell that is the closest counterpart yet to that of humans. The research, conducted in part by NINDS and NCI, was published online in *Nature*. The cells the scientists identified are expected to serve as an improved model for human embryonic stem cells in studies of regeneration, disease pathology and basic stem cell biology. Because the cells are farther along the developmental timeline than the traditionally studied cells, they could give scientists a unique look at a critical point in the life of such a cell, when it is poised to start producing mature cell types including neurons, muscle and bone.

Protecting DNA

Meanwhile, NCI scientists have discovered a protein that plays a crucial role in repairing genetic damage that can lead to lymphomas in mice. Published in a July issue of *Cell*, the research shows that the protein, called ATM kinase, which plays an integral role in repairing double-strand breaks in DNA, also helps prevent cells with this kind of DNA damage from dividing, blocking the passage of persistent DNA damage on to daughter cells. This kind of DNA damage can lead to the development of cancer.

Breakthroughs in Alcohol Dependence Research

According to a new study by scientists at NIAAA, analyses of a national sample of people with alcohol dependence reveal five distinct subtypes of the disease, including: young adult, young antisocial, functional, intermediate familial and chronic severe subtypes. Researchers, whose results are available online in *Drug and Alcohol Dependence*, hope these findings will dispel the popular notion of a "typical alcoholic." At the same time, other research also using data from NIAAA's National Epidemiologic Survey on Alcohol and Related Conditions, published in the *Archives of General Psychiatry*, revealed that at some



point during their lives, more than 30 percent of adults in the U.S. surveyed in 2001 through 2002 had met current diagnostic criteria for an alcohol use disorder. Many of these people never received treatment or received it well after the onset of the disorder. The findings point to a "lost decade" between the average age of onset of alcohol dependence and the average age of first treatment. NIAAA researchers say this signals a need to educate both professionals and the public to identify alcohol use disorders early in their course.

Predicting Lupus Flares

Finally, NIAMS-supported researchers have demonstrated that two blood tests can predict severe flares in people with lupus who are clinically stable. Furthermore, the findings, published in *Arthritis and Rheumatism*, show that moderate doses of corticosteroids can prevent flares in these individuals. Systemic lupus erythematosus, an autoimmune disease, is characterized by periods of illness, called flares, and periods of wellness or remission. This research suggests a possible preemptive strategy for managing lupus flares in some people with the disease.—compiled by Sarah Schmelling



The phone numbers for further information about the studies below are 1-866-444-2214 (TTY 1-866-411-1010) unless otherwise noted.

ADHD Genetics Study

Take part in an NIH study seeking to identify the genes that contribute to ADHD (attention deficit hyperactivity disorder).

Muscular Leg Pain?

If it is caused by blocked arteries and it occurs with activity but improves with rest, call NIH for more information on a new study.

Have Enlarged Gums?

Do you have enlarged gums and are you taking dilantin, cyclosporine or calcium channel-blockers? Take part in an NIH study.

HIV+ Volunteers Needed

HIV+ volunteers off anti-HIV medications, CD4+ count 300 or greater, needed for research study at NIH. Compensation is provided.

Adults with Neurofibromatosis

Adults with neurofibromatosis type 1 are asked to consider participating in NIH studies. All study-related tests are provided at no cost.

Do You Have Ankylosing Spondylitis?

Consider volunteering for an NIH research study. Compensation is provided.

Are You a Cancer Survivor in the D.C. Area?

The National Center for Complementary and Alternative Medicine invites you to participate in a clinical study to find out whether tai chi, an ancient form of Chinese exercise, or stationary cycling exercise improve physical fitness and well-being for cancer survivors. If you are a cancer survivor between ages 18 and 60 and have completed treatment 2 or more years ago, you may be eligible to participate. Call 1-800-411-1222.

Stopping Your Estrogen Therapy?

NIMH is investigating whether mood, anxiety and irritability occur when you stop taking your estrogen or estrogen/progesterone combination therapy. Participants should be ages 45-60, be currently taking ET or combination therapy and plan to discontinue it and be in good physical health. For information call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Feedback Column Debuts in This Issue

Welcome to the first edition of our new Feedback column, an opportunity for NIH'ers to post anonymous queries at www.nih.gov/nihrecord/index.htm (click on the Feedback icon) and get answers to their questions. This new feature is added in response to reader requests during last fall's *NIH Record* readership survey.

Feedback: Quite a few people in Bldg. 31 have been wondering what's going on with our fire alarm system. It seems that we've been having an excessive number of "fire drills" lately. It hasn't been clear whether these are really drills or if there's some malfunction of the new fire alarm system.

Response: NIH Fire Marshal J.P. McCabe explains: "With all of the ongoing construction activities in the Bldg. 31 complex—including installation of a new state-of-the-art fire alarm system—the existing antiquated fire alarm system has been problematic lately and has been prone to activation primarily by construction dust and in some instances vibration from construction work. The Division of the Fire Marshal has discussed the multitude of system activations with the Office of Research Facilities and ORF has advised us that they are doing everything possible to help reduce such system activations in the future."

McCabe said his division has accelerated installation of the new alarm system and hopes to have it in place later this year.

"In the meantime, we encourage all occupants in the Bldg. 31 complex to respond accordingly to any fire alarm system activation and to also call 911 to report the system activation whether the system audible devices sound continually or stop sounding," he said. "The NIH Emergency Communications Center located in 31B will typically be able to advise the caller if they are aware of an evacuation drill in progress or if contractors may have activated the system unintentionally due to their construction activities."

Glamour Magazine Honors NHGRI Intern

By Maggie McGuire

Play tennis, blog, work on a needle-free injector, maintain a perfect grade point average at Massachusetts Institute of Technology—just a typical day for Melis Anahtar.

An intern in the National Human Genome Research Institute's Medical Genetics Branch, Anahtar is far from typical. In fact she is one of only 10 named as *Glamour's* Top College Women of 2007. Among social activists and future Olympians, Anahtar, 20, stands out as the one whose "research will save lives" in the June 2007 issue.

The MIT junior was encouraged to apply for the honor by a sorority sister. She was surprised and excited to learn in March that she would make the trip to New York City to be photographed for the pages of *Glamour*.

"We had world-class stylists simultaneously applying makeup, doing our nails and blow drying our hair. Then we were whisked to the dressing area, where we could choose from 10 racks of black and white clothes from famous designers and a long row of shoes," Anahtar wrote on her blog on the MIT admissions web site.

On a second trip to the city in early June, Anahtar attended a luncheon commemorating the 50th anniversary of the Top 10 College Women contest and met Martha Stewart, another top woman.

"At first I thought it would just be something cool to say—I was in *Glamour*—but at the lunch they really talked about it as a support network," Anahtar said. She has already emailed some of the pioneers she met that day.

She also received the L'Oreal Beauty of Giving Award and with it \$2,500 for a charity donation, which she split between Camp Kesem and Shriners Hospital for Children in Boston. This August, Anahtar will work at Camp Kesem, a college student-run camp for children with a parent who has or had cancer.

She interned at Shriners Hospital and in a bioengineering lab at Massachusetts General Hospital during her high school summer vacations.



Melis Anahtar has been named one of *Glamour* magazine's top 10 college women of 2007.

With a home two blocks from NIH and a self-described natural curiosity, Anahtar was bound to pursue a future in the science or medical field. She combined the two with a major in mechanical engineering with an emphasis on biomedical engineering.

While at school she works in the MIT Bio-instrumentation Lab and serves as editor-in-chief for the *MIT Undergraduate Research Journal*.

This summer, her second with NIH, she continues her work with human biochemical genetics. Anahtar spends her days looking for proteins correlated with interstitial lung disease and genotyping for Smith-Magenis Syndrome. On Thursdays, she tags along on rounds to see patients in the Clinical Center.

"I see the connection between the clinic and lab. I like translational medicine; it makes you feel like what you've discovered really makes a difference in people's lives," Anahtar said.

Upon graduation next year, she is looking forward to pursuing her M.D./Ph.D. and her dream of medical research, though she's not sure in which field. She likes genetics, but does not want to lose her focus on engineering.

A glance at her resume so far gives the impression Anahtar doesn't lose focus easily. ❶